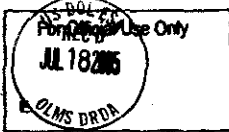


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3494</u>	2. Fiscal Year Covered From: <u>7/7/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>James B Johnson</u> P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>1750 New York Ave NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>International Assoc of Fire Fighters</u> Labor Organization File Number <u>000-317</u> P.O. Box, Building and Room Number, if any _____ Street <u>same -</u> City _____ State _____ ZIP Code + 4 _____
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name <input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="text-align: center;"><i>Ref</i></div>
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	7.b. Amount.
State <input type="text"/> ZIP Code + 4 <input type="text"/>	<div style="border: 1px solid black; height: 50px; width: 150px; margin: 0 auto;"></div> <div style="text-align: center;"><i>Ref</i></div>

Monsters

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed [Signature] On 9/8/05 Date 937-920-9340 Telephone Number

Name of Person Filing <u>James B. Johnson</u>	File Number U- <u>3494</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Woodley & McElhenny

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 1125 15th St NW

City Washington

State D.C.

ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

General Counsel to TAF

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas gift basket

12.b. Amount.

49.95

C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>James B. Johnson</u>	File Number U- <u>3494</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Woodley + McMillan
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 400
Street 1125 15th ST. NW
City Washington
State D.C. ZIP Code + 4 20005

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

General Counsel to IAFF

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner Oct 6, 2004

12.b. Amount.

\$12.50

C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.